

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric Holcomb
Governor of Indiana
Deborah J. Frye
IPLA Executive Director

ANESTHESIOLOGIST ASSISTANT PRACTICE PROTOCOL AGREEMENT CHECKLIST

- Practice Protocol must be on letterhead and completely typed
- First page must include name and license number of both the A. A. and primary Supervising Anesthesiologist. Additional supervising anesthesiologists' names and license numbers should be listed in an addendum.
- The Indiana practice address and phone number must be listed on the first page of the practice protocol.
- Any additional practice addresses must be listed in the practice protocol.
- List tasks and procedures the A.A. will perform as delegated by the Supervising Anesthesiologist, or physician practice group.
- List the specific manner of supervision, chart review and evaluation of the Anesthesiologist Assistant.
- Include a detailed description of the process used for evaluation or enclose a copy of the evaluation form.
- Typed name of A.A. and primary Supervising Anesthesiologist, as well as date should be included under signatures.
- Anesthesiologist Assistant and primary Supervising Anesthesiologist must sign and date practice protocol.
- This agreement must be updated annually.

For additional information regarding Anesthesiologist Assistant Practice Protocol Agreements, please see the sample agreement and instruction by visiting:

<http://www.in.gov/pla/3814.htm>